

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 14748291 FILING DATE _____
APPLICANT(S) _____

| CLAIMS | | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 3 | | 4 | | 4 | |
| TOTAL DEP. | 15 | | 25 | | 27 | |
| TOTAL CLAIMS | 16 | | 29 | | 31 | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |